CHRONOLOGICAL RECORD OF WELL-BABY CARE

	n, see AR 40-66; the proponent agency is the Office			T	
DOB	WEIGHT	HEIG	нт	PKU	
SIGNIFICANT NEONATAL HX		<u> </u>			
DATE OF VISIT				40 #	
AGE	12 months		15 to	o 18 months	
WEIGHT					
HEIGHT					
HEAD CIRCUMFERENCE					
SUBJECTIVE (HISTORY)	Milk / Juigo		Milk / Juioo		
1. FEEDING	Milk / Juice		Diet·		
I. FEEDING	Diet: Voids	[Stools/Dav	Voids	
2. FORMULA/BREAST	Feeds self with fingers Uses cup	,	Walks/runs Clin	mbs Uses spoon	
001100	Says Da-Da/Ma-Ma and 1 to 3 words		Says 5 to 15 words Phrases		
SOLIDS	Stands alone/support		Points to body parts		
VITAMINS/FLOURIDE	Walks alone/support		Builds a 1 to 3 block tower		
	Pincer grasp Waves bye-bye		Takes two commands together		
3. ELIMINATION	Bends and recovers	l :	Allergies		
4. GROWTH AND DEVELOPMENT	Sleep pattern	[Darental concerns		
6.1.6.1.1.7.1.1.5 52.7.22612.1.1	Current meds				
5. PARENTAL CONCERNS	Parental concerns				
OBJECTIVE					
PHYSICAL EXAM					
NUTRITION					
HEAD/FONTANEL					
EENT		İ			
NECK/CLAVICLES					
LUNGS					
HEART					
ABDOMEN					
GENITALIA/HERNIA					
HIPS/SPINE					
EXTREMITIES					
SKIN					
NEUROLOGICAL					
ASSESSMENT					
AGGEGGMENT					
PLANS AND COUNSELING	Dental care discussed.		Dental care and toile	et training discussed.	
	Discussion and handouts given on nutrition	n, l	Discussion and han	douts given on nutrition,	
SAFETY	safety, and growth and development.	:	safety, and growth a	and development.	
FEEDING	TB tine test order / defer.	1	MMR# DPT	/OPV #	
1 ELDING	Hct / Hgb / sickle dex ordered.		HIB # orde		
GROWTH AND DEVELOPMENT	Tylenol drops / elixir		Tylenol drops / elixir	•	
IMMUNIZATION	Parents verbalized understanding of instruc-		•	understanding of instruc-	
IIIIII CILL TITON	•			ic at age	
NEXT VISIT	tions. Return to clinic at age	· '	lions. Return to cim	ic at age	
	EVAMINED DV		EVAMINED DV		
	EXAMINED BY		EXAMINED BY		
PATIENT'S IDENTIFICATION (Name, last, first,	middle, grade, REMARKS				
date, hospital or medical facility					

SIG	NIFICANT NEONATAL HX	DOB		WEIGHT		GHT	PKU
	E OF VISIT						
AGE							
	IGHT						
	GHT						
HEA	AD CIRCUMFERENCE						
SUBJECTIVE (HISTORY)							
SUBJECTIVE (HISTORY)							
1.	FEEDING						
2.	FORMULA/BREAST						
	SOLIDS						
	VITAMINS/FLOURIDE						
3.	ELIMINATION						
4.	GROWTH AND DEVELOPMENT	•					
	PARENTAL CONCERNS						
OBJECTIVE PHYSICAL EXAM							
	NUTRITION						
	HEAD/FONTANEL						
	EENT NECKICLAVICLES						
	NECK/CLAVICLES LUNGS						
	HEART						
	ABDOMEN						
	GENITALIA/HERNIA						
	HIPS/SPINE						
	EXTREMITIES						
	SKIN						
	NEUROLOGICAL						
ASSESSMENT							
PLANS AND COUNSELING							
	SAFETY						
	FEEDING						
	GROWTH AND DEVELOPMENT	-					
	IMMUNIZATION						
	NEXT VISIT						
			EXAMINED BY			EXAMINED BY	
PATIENT'S IDENTIFICATION (Name, last, first, middle, grade, REMARKS							
date	e, hospital or medical facility						